Underwriting Questionnaire

GENESIS UNDERWRITING

CONTACT AND INFORMATION DETAILS

Brokerage _____

Contact details for Genesis Underwriting Agency are:

Genesis Underwriting Pty Ltd
Po Box 1369, Manly NSW 1655
Phone – 02 8412 3500
Fax – 02 8412 3599

Genesis Underwriting respects your privacy and complies with the Privacy Act and the Australian Privacy Principles. A copy of Genesis Underwriting's privacy information is available from our website at www.genesisuw.com.au

Your Duty of Disclosure

Section 21 of the Insurance Contracts Act 1984 provides that before You enter into a contract of general insurance with an Insurer, You have a duty to disclose to the Insurer every matter that You know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, upon what terms. You have the same duty to disclose those matters to the Insurer before You renew, extend, vary or reinstate a contract of general insurance.

However, Your duty of disclosure does not require You to disclose matters that:

- diminish the risk to be undertaken by the Insurer;
- that are of common knowledge;
- that Your Insurer knows or, in the ordinary course of its business, ought to know;
- as to which compliance with Your duty is waived by the Insurer.

This duty of disclosure continues after this application form has been completed up until the Period of Insurance commences.

Consequences of Non-Disclosure

If You fail to comply with Your duty of disclosure, the Insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract. If Your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning.

Material Change in Risk:

You should advise Genesis of any material change to the risk, for example moving to a different location.

BUSINESS

Named Insured First Name _____

Last Name _____

Company Name _____

ABN _____ Current Insurer _____

Period of Insurance From _____ To _____ Expires 4pm est

SITUATIONAL DETAILS

Situation Address Number, Street Address _____

City / Suburb _____ State _____ Postcode _____

Full description of your business activities

_____

_____

_____

Years in operation This Business _____Years

Have you or any director/ partner/manager of the business ever

a) had insurance declined or cancelled? ☐ Yes ☐ No

b) had an insurer refuse or not invite renewal? ☐ Yes ☐ No

c) had any special conditions imposed on a policy of insurance? ☐ Yes ☐ No

d) had a special excess imposed on a policy of insurance? ☐ Yes ☐ No

e) had a claim rejected under a policy of insurance? ☐ Yes ☐ No

f) been declared bankrupt or put into receivership or liquidation? ☐ Yes ☐ No

g) been charged with or convicted of a criminal offence? ☐ Yes ☐ No

h) any other matters you should disclose? (see 'Your Duty of Disclosure') ☐ Yes ☐ No

If you answered 'Yes' to any of the above questions, please provide complete details

_____

_____

_____

CLAIMS HISTORY

In the last 5 years have you sustained loss or damage (insured or not) of a type against which insurance is now being sought, for all sections of the policy noted in this form? If 'Yes' – Please provide further details ☐ Yes ☐ No

Insurer	Date	Details	Amount

(If insufficient space , please provide full details at the end of this document)

RISK MANAGEMENT AND SECURITY

HOUSEKEEPING AND MANAGEMENT

Risk Awareness / Management attitude ☐ Excellent ☐ Good ☐ Fair

Cleanliness / Tidiness ☐ Excellent ☐ Good ☐ Fair

Fire Load ☐ Low ☐ Moderate ☐ High

Building Condition / Maintenance Program ☐ Fair ☐ Good As New

Smoking Controls ☐ None ☐ Partial Ban ☐ Total Ban enforced

SURROUNDING EXPOSURES

Seperation distance to Neighbours premises Adjoining ☐ < 3 metres ☐ 3 to 10 metres

☐ More than 10 metres

Degree of hazard in neighbours premises ☐ Low ☐ Moderate ☐ High

SECURITY

Physical protection of windows and doors ☐ Minimal ☐ Good ☐ Excellent

Alarm protection ☐ None ☐ Local monitored

Perimeter fencing ☐ Partial fenced ☐ Fuly fenced and gated

External night lighting ☐ None ☐ Part Only ☐ All Areas

Security guards / controls ☐ None ☐ Patrols on site 24 hrs

ADDITIONAL EXPOSURES

Location of the risk

☐ Poor or isolated area (country location not in town)
☐ Good area little traffic
☐ Good area frequent traffic

Combustible fuel outside of building

☐ No combustables fuel
☐ < 10 metres from building fuel
☐ > 10 metres from building

BUSINESS DETAILS

CONSTRUCTION OF THE BUILDING

Walls ☐ Brick/Concrete ☐ Iron ☐ Timber ☐ Other _____

Roof ☐ Concrete ☐ Iron ☐ Timber ☐ Other _____

Floors ☐ Concrete ☐ Iron ☐ Other _____

How old is the building? _____ Years

Are any of the buildings or structures subject to heritage listing? ☐ Yes ☐ No

FIRE PROTECTION / COOKING

Is any commercial cooking done on the premises? ☐ Yes ☐ No

Thermostat Controlled? ☐ Yes ☐ No

Are inflammable liquids or explosives stored on the premises? ☐ Yes ☐ No

If Yes, Please List Type _____

If Yes, how much (litres/kilograms)? _____

Are they stored in? ☐ Tanks ☐ Drums ☐ Bottles

Are they kept in an approved flammable goods cabinet or store? ☐ Yes ☐ No

Is the Store? ☐ Internal ☐ External

Is it Bunbled? ☐ Yes ☐ No

If 'No', how are they stored? _____

Are the premises protected by

1. **Extinguishers?** ☐ Yes ☐ No What type? _____ How many? _____

Is there a maintenance agreement in place? ☐ Yes ☐ No Date Last Serviced? (DD/MM/YY) _____

2. **Hose Reels?** ☐ Yes ☐ No

3. **Sprinkler System?** ☐ Yes ☐ No

☐ Total Area of Premises ☐ Partial (describe) _____

4. **Automatic fire alarm and/or Smoke Alarm?** ☐ Yes ☐ No

Connected to a Fire Station? ☐ Yes ☐ No

Connected to Alarm Monitoring Company? ☐ Yes ☐ No

Local Only? ☐ Yes ☐ No

5. **Fire Blankets?** ☐ Yes ☐ No

6. **Deadlocks and/or padlocks to all external doors?** ☐ Yes ☐ No

SUM INSURED

SECTION 1.0

Material Damage	Sum Insured	Material Damage	Sum Insured
a) Building(s)	$_____	c) Stock in Trade	$_____
b) Contents of Buildings	$_____	d) Accidental Damage	$_____

Combined Limit of Liability $_____

1.1 Burglary / Theft

a) Contents of Buildings $_____ b) Stock in Trade $_____

(c) Other Stock in Trade (Tobacco and Cigarettes, Bullion) $_____ $_____

1.2 Equipment Breakdown

☐ Yes ☐ No $_____ Limit any one event – Aggregate limit $50,000

If 'Yes' please provide details of computer equipment and/or type of machinery (age , make and replacement values). If further space required please refer page 8.

Age	Make / Model	Sum Insured
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____

1.3 Glass Replacement Value

1.4 Money Blanket Cover Sum Insured $ _____

SUM INSURED

SECTION 2.0 — BUSINESS INTERRUPTION

2.1 Gross Profit / income	$_____
2.2 Additional Increased Cost of Working	$_____
2.3 Claims Preparation Costs	$_____
2.4 Loss of Rents Receivable	$_____
2.5 Wages (Dual Basis)	$_____
Total Sum Insured	$_____

SUM INSURED

SECTION 3.0 — PUBLIC AND PRODUCTS LIABILITY

Limit of Indemnity required: Public Liability $_____ Products Liability $_____

Deductible $_____ (any one occurrence) (in the aggregate per period of insurance)

ESTIMATE ANNUAL TURNOVER

Turnover Exported $_____ Turnover Imported $_____

Country Involved _____

Coverage for PRODUCTS EXPORTED TO USA OR CANADA is excluded from this insurance. Please refer to Genesis if required.

Can you with certainty, identify the source of every item used in the manufacture of the products? ☐ Yes ☐ No

Do you have quality control procedures in place? ☐ Yes ☐ No If 'Yes', provide full details:

_____

Are your products subject to any Australian or international standard? ☐ Yes ☐ No If 'Yes', provide full details:

_____

Do you have recall procedures in place? ☐ Yes ☐ No If 'Yes', provide full details:

_____

Are you involved in the removal, storage or handling of asbestos or asbestos products? ☐ Yes ☐ No If 'Yes', provide full details:

_____

ANNUAL PAYROLL

Wages $ _____ Employee Numbers _____ Labour Hire _____

Do you employ contractors or sub-contractors? ☐ Yes ☐ No If 'Yes' please answer a, b, c & d below

a) Estimated amount $_____

b) Nature of work usually carried out: _____

c) Do you obtain proof of their liability & workers compensation insurance? ☐ Yes ☐ No

d) Are you named as the principals on the contractors &/or sub-contractors liability policy? _____

SUM INSURED

SECTION 3.0 — PUBLIC AND PRODUCTS LIABILITY (Cont'd)

Does the insurer have any overseas locations? ☐ Yes ☐ No

Type of Business ☐ manufacturer ☐ importer ☐ wholesaler ☐ retailer ☐ property owner

If importer, where are products imported from

☐ Southeast Asia ☐ China ☐ Eastern Europe ☐ Western Europe

☐ USA ☐ India ☐ Middle East

If retail only, where are your suppliers based?

☐ Southeast Asia ☐ China ☐ Eastern Europe ☐ Western Europe

☐ USA ☐ India ☐ Middle East ☐ Australia

☐ New Zealand

CONTRACTUAL LIABILITY

Coverage for liability assumed under agreement or contract will be limited to lease liability or liability assumed under a warranty of fitness or quality as regards your products, or specifically agreed contracts.

Do you accept liability or hold others harmless / give away your legal rights (other than lease liability)? ☐ Yes ☐ No

If 'Yes', please provide details and attach copies of all agreements (other than lease liability). Coverage will be provide only if specifically agreed by Genesis.

_____

_____

_____

DETAILS OF THE BUSINESS / PREMISES

Do you or does someone on your behalf install product away from the premises? ☐ Yes ☐ No

If 'Yes', Please provide details eg. welding, installation, servicing, repairs etc:

_____

Do you hold any goods in your care, custody or control in the course of your normal business practice? ☐ Yes ☐ No

Value (Annually) $_____

IMPORTANT INFORMATION

SUBROGATION CLAUSE

This Policy contains provisions which have the effect of excluding or limiting the Insurer's liability in respect of a Loss where You have prejudiced the Insurer's rights of subrogation, where You are a party to an agreement which excludes, or limits the Insurer's rights to recover the Loss from another party.

DECLARATION

Please Note: Signing the Declaration does not bind You or the Insurer to complete this insurance. I declare that I have made all necessary inquiries into the accuracy of the responses given in this application and confirm that the statements and particulars given in this application are true and complete and that no material facts have been omitted, misstated or suppressed. I agree that should any of the information given by me alter between the date of this application and the inception date of the insurance to which this application relates, I will give immediate notice thereof to the insurer.

I acknowledge receipt of the Important Notice contained in this application form and that I have read and understood the content of that Notice. I confirm that I am authorised by the Company and its Directors to complete, sign and submit this application on behalf of the Company and its Directors.

Name _____ Title _____

Signature _____ Date (YY/MM/YY) _____

ADDITIONAL NOTES

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

ADDITIONAL DOCUMENTS

If you have any additional documentation please attach copies to this form.